

CENTRAL FAX CENTER
DEC 0 6 2004



1100 East Hector Street, Suite 245 Conshohocken, PA 19428

Phone: 610-293-0525 Fax: 610-293-0128

E-mail: email@rexmedical.com

Legal Office 1011 High Ridge Road Stamford, CT. 06905

Phone 203-329-8750 Fax 203-329-8187

E-mail: ngershon@rexmedical.com

FAX

То:	Patent and Trademark Office	From:	Neil D. Gershon	
Fax:	(703) 872-9306	Pages:	7 with Fax Cover	
Phone:		Date:	December 6, 2004	
Re:	Change of Correspondence Address	CC:	<u>.</u>	

р.3

RECEIVED CENTRAL FAX CENTER 03 348 0395

DEC 0 6 2004

PTO/SB/122 (09-04)
Approved for use through 07/31/2008. OMB 0651-003ti
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF	Application Number	10/756,625				
CORRESPONDENCE ADDRESS	Filing Date	1/13/2004				
Application	First Named Inventor	James F. Mc Guckin gr.				
Address to:	Art Unit	Unknown				
Commissioner for Patents P.O. Box 1450	Examiner Name	Unknown				
Alexandria, VA 22313-1450	Attorney Docket Number	1917 DIV				
Please change the Correspondence Address for the above-identified patent application to:						
The address associated with Customer Number:						
OR						
Firm or Individual Name Neil D. Gershon						
Address Rex Medical						
1011 High Ridge Rd.						
Stam Ford	State C T	zip 06905				
USA .						
Telephone (203) 329-8750 Fax (203) 329-8/87						
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).						
I am the:						
Applicant/Inventor						
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Attorney or agent of record. Registration Number 32, 225						
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Signature hd D &C						
Typed or Printed Neil D. Gershon						
Date 12/6/2004	Telephone 329	-8750				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total offorms are submitted.						

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.